PATENT APPLICATION FEE DETERMINATION RECORD BEST AVAILABLE COPY

Effective December 29, 1999

CLAIMS AS FILED - PART I						SMALL ENTITY TYPE		OTHER THAN		
(Column 1) FOR NUMBER FILED					(Column 2) NUMBER EXTRA			OR	SMALL	
ron		NUMBE	Th FILED	NUMBER	AIDA	RATE	FEE		RATE	FEE
BA	SIC FEE	###		POPER SERVICE	W. C. S. S. S.	6/c/1589	345.00	OR		690.00
TC	TAL CLAIMS	7	7 minus 20)= *	7	X\$ 9=		OR	X\$18=	126
	EPENDENT CL		minus 3	= * /		X39=		OR	X78=	18
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	846
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 26	Minus	-27	=	X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MI	Minus	*** J	= d	X39=		OR	XI	168.
	FIRST PRESE	NIAHON OF MI	DETIPLE DEPE	ENDENT CLAIM		+130=		OR	200	280-
						TOTAL		OR	TOTAL	20
	B	ADDIT. FEE			ADDIT. FEE					
		(Column 1) CLAIMS	The second second	(Column 2) HIGHEST	(Column 3)		ADDI-			ADDI-
AMENDMENT B	9 26 3 5 45 5	REMAINING AFTER		NUMBER PRÉVIOUSLY	PRESENT EXTRA	RATE	TIONAL		RATE	TIONAL
	Marking and the	AMENDMENT	West State State	PAID FOR	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		FEE	١		FEE
	Total	. 25	Minus	27	= \	X\$ 9=		OR	X\$18=	
AME	Independent	NITATION DE M	Minus	*** 6	=	X39=	1	OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+130=		OR	+260=	
						TOTAL ADDIT: FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)										
AMENDMENT C		CLAIMS REMAINING AFTER . AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	· 20.	Minus	29k	= /	X\$ 9=)	OR	X\$18=	1
ME	Independent	. (0	Minus	··· (o	= /	X39=	/		X78=	-/- -
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					X39=		OR	A/0=	
						+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										